

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, Days Away From Work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Identify the person

| | | | | |
|--------------|---------------------------------------|---------------------------------|--------------------------------|--|
| (A) Case no. | (B) Employee's Name (e.g., Welder) | (C) Job title (e.g., Welder) | (D) Date of injury or onset | (E) Where the event occurred (e.g., Loading dock north end) of illness |
|--------------|---------------------------------------|---------------------------------|--------------------------------|--|

Describe the case

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2018
U.S Department of Labor
Occupational Safety and Health Administration

Establishment name DEN2

Company Name _____

City Aurora State Colorado

Classify the case

Using these four categories, check ONLY the most serious result for each case:

Enter the number of days the injured or ill worker was:

Check the "Injury" column or choose one type of illness:

| (G) Death | (H) Days away from work | (I) Remained at work | (K) Away from work | (L) On job transfer or restriction | (M) | | | | | | |
|-----------|-------------------------|----------------------|--------------------|------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All other illnesses | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|-----|--------------|-------------------------|-------------|--------------------------------------|
| 225 | Privacy Case | <u>Amazon Warehouse</u> | <u>1/7</u> | <u>Rainbow aisle 209</u> |
| 234 | Privacy Case | <u>Amazon Warehouse</u> | <u>1/10</u> | <u>Pick</u> |
| 274 | Privacy Case | <u>Amazon Warehouse</u> | <u>1/11</u> | <u>Ship dock</u> |
| 248 | Privacy Case | <u>Amazon Warehouse</u> | <u>1/19</u> | <u>wide aisle 385</u> |
| 238 | Privacy Case | <u>Amazon Warehouse</u> | <u>1/21</u> | <u>Pack Line 2 Station 8</u> |
| 243 | Privacy Case | <u>Amazon Warehouse</u> | <u>1/22</u> | <u>Taping station by pack line 3</u> |
| 237 | Privacy Case | <u>Amazon Warehouse</u> | <u>1/23</u> | <u>Inbound Sortable Receive Line</u> |
| 242 | Privacy Case | <u>Amazon Warehouse</u> | <u>1/26</u> | <u>Ship dock</u> |
| 251 | Privacy Case | <u>Amazon Warehouse</u> | <u>2/5</u> | <u>Each receive line WS-A-R-1-17</u> |
| 256 | Privacy Case | <u>Amazon Warehouse</u> | <u>2/5</u> | <u>Ship dock</u> |
| 279 | Privacy Case | <u>Amazon Warehouse</u> | <u>2/6</u> | <u>on PIT</u> |
| 268 | Privacy Case | <u>Amazon Warehouse</u> | <u>2/14</u> | <u>Pack</u> |
| 272 | Privacy Case | <u>Amazon Warehouse</u> | <u>2/18</u> | <u>OB Problem Solve</u> |
| 281 | Privacy Case | <u>Amazon Warehouse</u> | <u>2/26</u> | <u>Pack line 6 station 7</u> |
| 288 | Privacy Case | <u>Warehouse</u> | <u>3/4</u> | <u>Ship Dock cell 2 spur 2</u> |
| 291 | Privacy Case | <u>Amazon Warehouse</u> | <u>3/5</u> | <u>Pack line 6 Station 4</u> |
| 295 | Privacy Case | <u>Amazon Warehouse</u> | <u>3/8</u> | <u>VNA170</u> |
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|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-----------------|---------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <u>Bruise, Toe, Left Great Toe, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Sprain/strain, Arm, Right Shoulder, Right Forearm, Product: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>180</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Sprain/strain, Knee, Right Knee, None</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>36</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Sprain/strain, Ankle, Right Ankle, Facility: Floor</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>15</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Eye irritation, Eye, Left Eye, Mats: Chemical - Cleaning</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>6</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Sprain/strain, Arm, Right Upper Arm, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>180</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Fracture, Foot, Right Foot, Cart: U-Boat</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>44</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Sprain/strain, Elbow, Right Forearm, Right Elbow, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>19</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Sprain/strain, Back, Lower Back, Product: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>65</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Sprain/strain, Hand, Left Wrist, Left Thumb, Product: Unstable</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>100</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Sprain/strain, Back, Middle Back, Product: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>8</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Sprain/strain, Back, Lower Back, Cart: Rebin</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>53</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Sprain/strain, Knee, Left Knee, Cart: OP Cage</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>1</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Sprain/strain, Shoulder, Right Shoulder, Cart: OP Cage</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>173</u> days | <u>7</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Sprain/strain, Knee, Right Knee, None</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>176</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Sprain/strain, Back, Lower Back, Product: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>22</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Bruise, Knee, Left Knee, PIT: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>18</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Incidents & Measurements

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|-----|--------------|-------------------------------------|---|---|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------|-----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 307 | Privacy Case | <u>Amazon Warehouse</u> <u>3/14</u> | <u>Stow car wash</u> | <u>Bruise, Hips/pelvis, Lower Back, Cart: OP Cage</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>100</u> days | <u>80</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 308 | Privacy Case | <u>Amazon Warehouse</u> <u>3/20</u> | <u>P-1-R 212</u> | <u>Sprain/strain, Hips/pelvis, Lower Back, Product: Unstable</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>158</u> days | <u>22</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 309 | Privacy Case | <u>Amazon Warehouse</u> <u>3/20</u> | <u>Ship dock</u> | <u>Sprain/strain, Back, Lower Back, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>15</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 310 | Privacy Case | <u>Amazon Warehouse</u> <u>3/20</u> | <u>P mod A level</u> | <u>Sprain/strain, Back, Lower Back, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>36</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 313 | Privacy Case | <u>Amazon Warehouse</u> <u>3/23</u> | <u>Pack line 3 station 7</u> | <u>Sprain/strain, Hips/pelvis, Right Hip/pelvis, Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>25</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 340 | Privacy Case | <u>Amazon Warehouse</u> <u>3/25</u> | <u>P mod. A level</u> | <u>Sprain/strain, Hand, Left Hand, Right Hand, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>15</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 318 | Privacy Case | <u>Amazon Warehouse</u> <u>3/28</u> | <u>aisle 376</u> | <u>Bruise, Elbow, Right Elbow, Cart: OP Cage</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>9</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 323 | Privacy Case | <u>Amazon Warehouse</u> <u>3/29</u> | <u>VNA stow</u> | <u>Bruise, Shoulder, Left Shoulder, Product: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>122</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 345 | Privacy Case | <u>Amazon Warehouse</u> <u>3/29</u> | <u>Ship Dock</u> | <u>Sprain/strain, Neck, Neck, Left Shoulder, Product: Other</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>0</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 317 | Privacy Case | <u>Warehouse</u> <u>3/29</u> | <u>BOD Line 1</u> | <u>Bruise, Head other than face, Skull, Product: Unstable</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>8</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 330 | Privacy Case | <u>Amazon Warehouse</u> <u>4/6</u> | <u>Pack line 9 Station 8</u> | <u>Bruise, Foot, Left Foot, Left Second Toe, Left Little Toe, Product: Unstable</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>7</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 332 | Privacy Case | <u>Amazon Warehouse</u> <u>4/10</u> | <u>Spur 2 cell 202</u> | <u>Sprain/strain, Shoulder, Left Shoulder, Equip: Water Taper</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>180</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 333 | Privacy Case | <u>Amazon Warehouse</u> <u>4/12</u> | <u>Pallet dock, door 181</u> | <u>Eye irritation, Eye, Left Eye, Debris: Dust</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>33</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 338 | Privacy Case | <u>Amazon Warehouse</u> <u>4/13</u> | <u>Case receive zone 7</u> | <u>Concussion, Head - Facial Area, Skull, Product: Unstable</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>71</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 341 | Privacy Case | <u>Amazon Warehouse</u> <u>4/15</u> | <u>Between pack line 9 and 10</u> | <u>Sprain/strain, Ankle, Left Ankle, Cart: OP Cage</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>92</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 349 | Privacy Case | <u>Amazon Warehouse</u> <u>4/16</u> | <u>Pack line 6, station 5.</u> | <u>Sprain/strain, Wrist, Left Wrist, Equip: Tape Gun</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>16</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 354 | Privacy Case | <u>Amazon Warehouse</u> <u>4/18</u> | <u>VNA 162</u> | <u>Sprain/strain, Shoulder, Neck, Left Shoulder, Upper Back, Equip: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>180</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 367 | Privacy Case | <u>Amazon Warehouse</u> <u>4/19</u> | <u>Pick</u> | <u>Bruise, Foot, Left Foot, Equip: Pallet</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>28</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 351 | Privacy Case | <u>Amazon Warehouse</u> <u>4/24</u> | <u>Station 202</u> | <u>Sprain/strain, Knee, Left Knee, Product: Unstable</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>180</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 359 | Privacy Case | <u>Amazon Warehouse</u> <u>4/24</u> | <u>Pack line 8 station 4</u> | <u>Sprain/strain, Finger, Left Index Finger, Product: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>15</u> days | <u>14</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 380 | Privacy Case | <u>Warehouse</u> <u>4/27</u> | <u>Receive dock</u> | <u>Sprain/strain, Elbow, Left Elbow, Right Elbow, Right Wrist, Equip: Stretch wrap tool</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>42</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 377 | Privacy Case | <u>Amazon Warehouse</u> <u>4/29</u> | <u>OB dock</u> | <u>Sprain/strain, Back, Upper Back, Conveyor: Flex</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>100</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 366 | Privacy Case | <u>Amazon Warehouse</u> <u>5/3</u> | <u>Gift Wrap Station</u> | <u>Sprain/strain, Hand, Left Wrist, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>50</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 376 | Privacy Case | <u>Amazon Warehouse</u> <u>5/9</u> | <u>Stow</u> | <u>Sprain/strain, Shoulder, Right Shoulder, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>49</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 383 | Privacy Case | <u>Amazon Warehouse</u> <u>5/11</u> | <u>Ship dock AM to complete investigation</u> | <u>Sprain/strain, Shoulder, Right Shoulder, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>36</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 384 | Privacy Case | <u>Amazon Warehouse</u> <u>5/14</u> | <u>Library drop zone</u> | <u>Sprain/strain, Groin, Abdomen, Lower Trunk, Groin, Cart: OP Cage</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>79</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 386 | Privacy Case | <u>Amazon Warehouse</u> <u>5/15</u> | <u>Line 10</u> | <u>Sprain/strain, Back, Middle Back, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>0</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 473 | Privacy Case | <u>Amazon Warehouse</u> <u>5/25</u> | <u>Pallet Dock</u> | <u>Sprain/strain, Elbow, Right Elbow, Equip: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>5</u> days | <u>180</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 400 | Privacy Case | <u>Amazon Warehouse</u> <u>5/30</u> | <u>VNA aisle</u> | <u>Sprain/strain, Finger, Right Hand, Product: Improperly prepped</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>44</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 421 | Privacy Case | <u>Amazon Warehouse</u> <u>6/8</u> | <u>Stow</u> | <u>Sprain/strain, Back, Lower Back, Cart: OP Cage</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>31</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Incidents & Measurements

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|-------|--------------|-------------------------------------|---|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------|-----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 409 | Privacy Case | <u>Amazon Warehouse</u> <u>6/10</u> | <u>OB Pack lines.</u> | <u>Bruise, Leg, Left Calf, Equip: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>65</u> days | <u>7</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 410 | Privacy Case | <u>Amazon Warehouse</u> <u>6/10</u> | <u>IB receive dock.</u> | <u>Fracture, Foot, Left Foot, PIT: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>76</u> days | <u>104</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 412 | Privacy Case | <u>Amazon Warehouse</u> <u>6/10</u> | <u>OB Ship Dock.</u> | <u>Sprain/strain, Wrist, Right Wrist, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>68</u> days | <u>41</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 420 | Privacy Case | <u>Amazon Warehouse</u> <u>6/13</u> | <u>aisle 390</u> | <u>Crushing/smashing injury, Finger, Left Ring Finger, Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>28</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 429 | Privacy Case | <u>Amazon Warehouse</u> <u>6/22</u> | <u>OB ship dock--sorter, conveyor to cage.</u> | <u>Sprain/strain, Wrist, Left Wrist, Product: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>62</u> days | <u>103</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 435 | Privacy Case | <u>Amazon Warehouse</u> <u>6/28</u> | <u>VNA aisle 189-190</u> | <u>Bruise, Back, Lower Back,Left Forearm, PIT: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>35</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 437 | Privacy Case | <u>Amazon Warehouse</u> <u>7/2</u> | <u>P-1-R223G230</u> | <u>Bruise, Toe, Left Forearm,Right Great Toe, Product: Unstable</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>41</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 469 | Privacy Case | <u>Amazon Warehouse</u> <u>7/4</u> | <u>Receive line</u> | <u>Sprain/strain, Back, Upper Back, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>19</u> days | <u>16</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 439 | Privacy Case | <u>Amazon Warehouse</u> <u>7/9</u> | <u>AA states product that caused injury was either in aisle 211 or 219.</u> | <u>Sprain/strain, Back, Lower Back, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>43</u> days | <u>37</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 441 * | Privacy Case | <u>Amazon Warehouse</u> <u>7/10</u> | <u>OB Pack line 3.</u> | <u>Sprain/strain, Shoulder, Right Shoulder, Product: Other</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>180</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 453 | Privacy Case | <u>Amazon Warehouse</u> <u>7/11</u> | <u>Driving on OP while stowing items in VNAs</u> | <u>Sprain/strain, Wrist, Left Wrist, None</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>33</u> days | <u>25</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 445 | Privacy Case | <u>Warehouse</u> <u>7/15</u> | <u>VNA isle 107-108</u> | <u>Sprain/strain, Shoulder, Left Shoulder, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>139</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 446 | Privacy Case | <u>Amazon Warehouse</u> <u>7/17</u> | <u>DD136</u> | <u>Bruise, Toe, Right Middle Toe, Cart: OP Cage</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>3</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 454 | Privacy Case | <u>Amazon Warehouse</u> <u>7/17</u> | <u>Case stow</u> | <u>Sprain/strain, Shoulder, Left Shoulder, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>41</u> days | <u>56</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 456 | Privacy Case | <u>Amazon Warehouse</u> <u>7/17</u> | <u>Pack Line 3</u> | <u>Sprain/strain, Wrist, Right Wrist, Equip: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>6</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 460 | Privacy Case | <u>Amazon Warehouse</u> <u>7/17</u> | <u>Inbound</u> | <u>Sprain/strain, Shoulder, Left Shoulder, Equip: Pallet Jack</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>14</u> days | <u>61</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 465 | Privacy Case | <u>Amazon Warehouse</u> <u>7/17</u> | <u>Outbound docks.</u> | <u>Sprain/strain, Back, Lower Back, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>21</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 455 | Privacy Case | <u>Amazon Warehouse</u> <u>7/18</u> | <u>trash</u> | <u>Sprain/strain, Back, Lower Back, Equip: Pallet Jack</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>30</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 472 | Privacy Case | <u>Amazon Warehouse</u> <u>7/19</u> | <u>VNA</u> | <u>Sprain/strain, Back, Lower Back, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>31</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 470 | Privacy Case | <u>Amazon Warehouse</u> <u>7/21</u> | <u>VNAs</u> | <u>Bruise, Toe, Right Great Toe, Product: Unstable</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>3</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 463 | Privacy Case | <u>Amazon Warehouse</u> <u>7/24</u> | <u>Pick</u> | <u>Sprain/strain, Back, Lower Back, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>21</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 464 | Privacy Case | <u>Amazon Warehouse</u> <u>7/24</u> | <u>Pack Line 8 Station 9</u> | <u>Sprain/strain, Ankle, Left Hip/pelvis,Left Ankle, Product: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>119</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 478 | Privacy Case | <u>Amazon Warehouse</u> <u>7/30</u> | <u>Inbound Dock</u> | <u>Sprain/strain, Knee, Right Knee, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>8</u> days | <u>28</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 483 | Privacy Case | <u>Amazon Warehouse</u> <u>8/1</u> | <u>Stow</u> | <u>Sprain/strain, Back, Left Upper Arm, Cart: OP Cage</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>11</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 489 | Privacy Case | <u>Amazon Warehouse</u> <u>8/1</u> | <u>OB dock</u> | <u>Sprain/strain, Hand, Left Wrist, Product: Other</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>29</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 485 | Privacy Case | <u>Amazon Warehouse</u> <u>8/2</u> | <u>Non Con</u> | <u>Sprain/strain, Ankle, Right Ankle, Equip: Scanner</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>5</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 488 * | Privacy Case | <u>Amazon Warehouse</u> <u>8/2</u> | <u>Rainbow</u> | <u>Sprain/strain, Wrist, Left Wrist, Product: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>61</u> days | <u>119</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 490 | Privacy Case | <u>Amazon Warehouse</u> <u>8/6</u> | <u>Dock Door 168</u> | <u>Bruise, Foot, Left Foot, Product: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>20</u> days | <u>9</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 497 | Privacy Case | <u>Amazon Warehouse</u> <u>8/10</u> | <u>Shipping dock 114</u> | <u>Sprain/strain, Neck, Neck, Product: Unstable</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>7</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 499 | Privacy Case | <u>Amazon Warehouse</u> <u>8/12</u> | <u>Stow/VNA, aisle 187</u> | <u>Sprain/strain, Shoulder, Left Shoulder, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>29</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Incidents & Measurements

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|-------|--------------|--------------------------------------|--|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------------|-----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 500 | Privacy Case | <u>Amazon Warehouse</u> <u>8/13</u> | <u>OP singles</u> | <u>Sprain/strain, Wrist, Right Wrist, Product: GOH</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>61</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 513 | Privacy Case | <u>Amazon Warehouse</u> <u>8/18</u> | <u>Stow car wash, Jane closest to bathrooms</u> | <u>Sprain/strain, Shoulder, Right Shoulder, Cart: OP Cage</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>33</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 510 | Privacy Case | <u>Amazon Warehouse</u> <u>8/21</u> | <u>OB Pack</u> | <u>Sprain/strain, Back, Lower Back, None</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>25</u> days | <u>22</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 532 | Privacy Case | <u>Amazon Warehouse</u> <u>8/23</u> | <u>Inbound dock</u> | <u>Sprain/strain, Shoulder, Left Shoulder, Right Shoulder, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>118</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 512 | Privacy Case | <u>Warehouse</u> <u>8/24</u> | <u>DD 190 IB Dock</u> | <u>Sprain/strain, Back, Lower Back, Product: Other</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>31</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 517 * | Privacy Case | <u>Amazon Warehouse</u> <u>8/27</u> | <u>Cell 1, Spur 2, OB Ship Dock</u> | <u>Sprain/strain, Shoulder, Left Shoulder, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>180</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 546 | Privacy Case | <u>Amazon Warehouse</u> <u>8/27</u> | <u>RMOD</u> | <u>Sprain/strain, Back, Lower Back, Product: Unstable</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>32</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 518 | Privacy Case | <u>Amazon Warehouse</u> <u>8/28</u> | <u>VNA</u> | <u>Bruise, Toe, Left Little Toe, Equip: Other</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>14</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 527 | Privacy Case | <u>Amazon Warehouse</u> <u>8/28</u> | <u>Ship Dock, loading trailers</u> | <u>Sprain/strain, Ankle, Right Ankle, Stool: Stepstool - 2-step</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>8</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 520 | Privacy Case | <u>Amazon Warehouse</u> <u>8/30</u> | <u>OB dock</u> | <u>Bruise, Back, Middle Back, Product: Unstable</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>48</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 526 | Privacy Case | <u>Amazon Warehouse</u> <u>9/2</u> | <u>OB picker while working in wide racking.</u> | <u>Sprain/strain, Back, Lower Back, Product: Unstable</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>128</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 525 | Privacy Case | <u>Amazon Warehouse</u> <u>9/3</u> | <u>Dock Door 114 on ship dock.</u> | <u>Bruise, Toe, Right Little Toe, Cart: OP Cage</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>16</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 530 | Privacy Case | <u>Amazon Warehouse</u> <u>9/5</u> | <u>Pick Area</u> | <u>Bruise, Neck, Neck, Right Shoulder, Product: Unstable</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>7</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 560 | Privacy Case | <u>Amazon Warehouse</u> <u>9/5</u> | <u>Inbound Receive</u> | <u>Sprain/strain, Back, Upper Back, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>31</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 535 | Privacy Case | <u>Amazon Warehouse</u> <u>9/7</u> | <u>Bin Location: P-1-F610A180; Nearest Reference: Pole M10</u> | <u>Sprain/strain, Chest, Ribs, Equip: Pallet</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>98</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 534 | Privacy Case | <u>Warehouse</u> <u>9/8</u> | <u>Outbound Shipdock, DD137</u> | <u>Bruise, Leg, Right Calf, None</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>2</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 536 | Privacy Case | <u>Amazon Warehouse</u> <u>9/10</u> | <u>Rainbow Aisle</u> | <u>Bruise, Hand, Right Hand, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>5</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 542 | Privacy Case | <u>Amazon Warehouse</u> <u>9/11</u> | <u>Packing line 8</u> | <u>Sprain/strain, Neck, Neck, Product: Unstable</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>33</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 553 | Privacy Case | <u>Warehouse</u> <u>9/12</u> | <u>Outbound</u> | <u>Sprain/strain, Head other than face, Scalp, Neck, None</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>68</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 554 | Privacy Case | <u>Warehouse</u> <u>9/18</u> | <u>VNA Aisle 178-190</u> | <u>Sprain/strain, Wrist, Right Wrist, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>106</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 552 | Privacy Case | <u>Amazon Warehouse</u> <u>9/19</u> | <u>Outbound</u> | <u>Sprain/strain, Shoulder, Left Shoulder, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>56</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 557 | Privacy Case | <u>Amazon Warehouse</u> <u>9/24</u> | <u>Receive</u> | <u>Sprain/strain, Elbow, Right Elbow, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>21</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 559 | Privacy Case | <u>Amazon Warehouse</u> <u>9/24</u> | <u>Inbound</u> | <u>Bruise, Head - Facial Area, Right Eye, Cart: OP Cage</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>14</u> days | <u>0</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 558 | Privacy Case | <u>Amazon Warehouse</u> <u>9/25</u> | <u>Outbound</u> | <u>Sprain/strain, Elbow, Left Elbow, Cart: OP Cage</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>57</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 609 | Privacy Case | <u>Amazon Warehouse</u> <u>10/1</u> | <u>IB each receive station.</u> | <u>Sprain/strain, Wrist, Left Wrist, None</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>99</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 568 | Privacy Case | <u>Amazon Warehouse</u> <u>10/2</u> | <u>OB dock</u> | <u>Sprain/strain, Ankle, Left Ankle, Cart: OP Cage</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>54</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 574 | Privacy Case | <u>Amazon Warehouse</u> <u>10/4</u> | <u>Stow</u> | <u>Sprain/strain, Back, Lower Back, None</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>23</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 570 | Privacy Case | <u>Amazon Warehouse</u> <u>10/7</u> | <u>Multis</u> | <u>Sprain/strain, Back, Lower Back, Product: Heavy / Bulky</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>51</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 571 | Privacy Case | <u>Amazon Warehouse</u> <u>10/8</u> | <u>Line 403, OB Ship Dock.</u> | <u>Bruise, Finger, Left Index Finger, Cart: OP Cage</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u> days | <u>5</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 576 | Privacy Case | <u>Amazon Warehouse</u> <u>10/11</u> | <u>Pick parking pole K2</u> | <u>Sprain/strain, Ankle, Left Ankle, PIT: Other</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>15</u> days | <u>165</u> days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Incidents & Measurements

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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